

# PROFESSIONAL STAFF ORGANIZATION

## PO.1

A single, organized professional staff exists with overall responsibility for the quality of all clinical care provided and the professional practices of members, as well as for accounting to the governing body.

## PO.2

The governing body and professional staff establish structures and establish bylaws, rules and regulations, or policies and procedures so that the professional staff can effectively carry out its duties and functions.

PO.2.1 The professional staff structure is state in writing and is approved by the governing body.

PO.2.1.1 The professional staff structure is consistent with the size of the organization and the scope of its activities.

PO.2.1.2 The bylaws, rules and regulations, or policies and procedures define the responsibilities of physicians in relation to nonphysician members of the professional staff.

PO.2.2 The professional staff performs its required functions as a committee of the whole or, depending upon the size and complexity of the organization, empowers an executive committee to act for it in the intervals between professional staff meetings.

PO.2.2.1 When designating an executive committee, the professional staff defines the size, composition, method of selecting members, and frequency of meetings of the executive committee.

PO.2.2.1.1 A mechanism exists to assure medical participation in the deliberations of the professional staff and, when applicable, the executive committee.

PO.2.2.1.1.1 In organizations with inpatient programs, the professional staff and, when applicable, the executive committee maintain medical representation.

PO.2.3 The professional staff and, when applicable, the executive committee maintain permanent records of their proceedings and actions.

PO.2.4 Professional staff authorities, responsibilities, and functions that are centrally established for organizations related by ownership , such as government or corporate systems, are in accordance with standards in this manual and are enforced.

PO.2.5 The professional staff authorities and responsibilities are stated in writing and include the following;

PO.2.5.1 adopting a framework for self-governance and a means of accountability to the governing body;

PO.2.5.2 receiving and acting on reports and recommendations from professional staff committees, department, and services, when applicable;

PO.2.5.3 implementing the approved policies of the professional staff;

PO.2.5.4 recommending to the governing body, for its approval, the structure of the professional staff and any changes therein, and the mechanism used to review credentials and delineate clinical privileges;

PO.2.5.4.1 The structure includes delineation of professional staff categories.

PO.2.5.5 providing that licensed physicians are responsible for medical histories, physical examinations, and medical care and medical treatment, unless otherwise provided bylaw;

PO.2.5.6 specifying the role of each discipline represented on the professional staff and/or exercising clinical privileges in the diagnosis and care of individuals served.

PO.2.5.7 establishing and implementing clinical record requirements in accordance with the standards in this manual;

PO.2.5.7.1 All special treatment and special management procedures are used in accordance with standards in the “Special Treatment Procedures” chapter of this manual.

PO.2.5.7.2 All treatment planning and/or program planning procedures are consistent with the requirements of the treatment planning and program planning sections of this manual.

PO.2.5.7.3 Symbols and abbreviations are used only when they have been approved by the professional staff and an explanatory legend exists.

PO.2.5.7.4 Personnel categories qualified to accept and transcribe verbal orders are specified, regardless of the transmission mode of the orders.

PO.2.5.7.5 When required, the period of time following admission to an organization within which a history and physical examination must be entered in the clinical record is specified.

PO.2.5.7.6 The time period within which clinical records must be completed following discharge is specified and does not exceed 15 days.

PO.2.5.7.7 Clinical record entries that must be dated and authenticated by responsible practitioners are specified.

PO.2.5.8 when nursing care is provided, a registered nurse plans, assigns, supervises, and evaluates nursing care;

PO.2.5.8.1 Inpatient programs have a registered nurse on duty at all times to plan, assign, supervise, and evaluate nursing care and to provide delivery of nursing care to individuals served.

PO.2.5.9 participating in determining what qualifications(training, experience, and documented competence) are required for assuming specific clinical service responsibilities.

PO.2.5.10 recommending to the governing body, for its approval, the organizations of the quality assessment and improvement activities of professional staff, as well as the mechanism used to conduct, evaluate, and revise such activities, including

PO.2.5.10.1 the quality assessment and improvement activities specified in the "Quality Assessment and Improvement" chapter of this manual.

PO.2.5.10.2 the utilization review activities specified in the "Utilization Review" chapter of this manual, and

PO.2.5.10.3 other review functions that may be appropriate and necessary in the organization, including reviews by peers, drug usage evaluation, clinical record review, and infection control, safety, and risk management;

PO.2.5.11 accounting to the governing body for the quality of clinical care rendered to individuals served.

PO.2.5.12 documenting that each member of the professional staff is qualified through an appointment and reappointment process, through the delineation of clinical privileges, and through periodic reappraisals according to the provisions of PO.3;

PO.2.5.13 supervising and directing individuals who require supervision or direction in providing services; and

PO.2.5.14 initiating and pursuing quality assessment and improvement corrective action, when warranted, in accordance with professional staff bylaws, rules and regulations, or policies and procedures.

### PO.3

The organization has a process for appointing the professional staff and granting clinical privileges to practitioners, regardless of the organization's type and size and the age and/or disability group(s) served.

PO.3.1 The process includes periodic review of each practitioner, his/her reappointment to the professional staff, and renewal or revision of clinical privileges at least every two years.

PO.3.2 Unless otherwise provided by law, only practitioners who are licensed, certified, or registered or who have demonstrated competence and experience are eligible for professional staff membership.

PO.3.2.1 All members of the treatment team who have been assigned specific treatment responsibilities are qualified by training or experience and demonstrated competence and have appropriate clinical privileges, or they are supervised by professional staff members who are qualified by experience to supervise such treatment.

PO.3.2.2 Documentation exists to verify that health care professional staff meets all federal, state, and local requirements for licensing, registration, or certification.

PO.3.3 Clinical privileges are granted to

PO.3.3.1 all members of the professional staff;

PO.3.3.2 all other individuals permitted by law and also by the organization to provide independent clinical care services without supervision or direction; and

PO.3.3.3 any other individuals the professional staff and governing body determine to be subject to the process for granting clinical privileges.

PO.3.3.3.1 Such practitioners are supervised by professionals with appropriate clinical privileges.

PO.3.4 The process for appointment and reappointment to the professional staff and for the initial granting and renewal or revision of clinical privileges to the practitioners is designed such that

PO.3.4.1 professional staff members are qualified to fulfill the responsibilities of membership, as specified in the his chapter of the manual;

PO.3.4.2 practitioners providing clinical care services without supervision or direction are competent; and

PO.3.4.2.1 When warranted, clinical privileges include any limitations on care services the practitioner is authorized to provide.

PO.3.4.3 clinical privileges are specified to the practitioner and the care the practitioner provides within the organization.

PO.3.5 The process for appointing and reappointing the professional staff and for the initial graining and renewal or revision of clinical privileges include the following;

PO.3.5.1 a mechanism for the professional staff to recommend to the governing body

PO.3..5.1.1 clinical privileges to be delineated,

PO.3.5.1.2 appointments and reappointments to the professional staff; and

PO.3.5.1.3 initial granting and renewal or revision of clinical privileges;

PO.3.5.2 a requirement that the governing body appoint and reappoint an individual to the professional staff as well as initially grant and renew or revise clinical privileges;

PO.3.5.3 a procedure affording practitioners an opportunity to be heard, upon request, when denial of reappointment, curtailment, revocation, or denial of clinical privileges is planned; and

PO.3.5.4 a procedure for granting temporary clinical privileges on a time-limited basis.

PO.3.6 Appointment and reappointment to the professional staff and initial granting and renewal or revision of clinical privileges are based on the following:

PO.3.6.1 well-defined written criteria for qualifications, clinical performance, and ethical practice;

PO.3.6.2 verified licensure, certification, or registration, if applicable;

PO.3.6.3 verified training and/or experience;

PO.3.6.4 peer recommendations;

PO.3.6.5 recommendations from the organization's program, department, and/or service in which the practitioner has been or will be providing services, when applicable;

PO.3.6.6 evidence of health status related to the practitioner's ability to perform responsibilities, if indicated;

PO.3.6.7 evidence of current competence; and

PO.3.6.8 a statement signed by the practitioner that he/she has read and agrees to be bound by the policies and procedures established by the professional staff and the governing body.

PO.3.7 Reappointment to the professional staff and renewal or revision of clinical privileges is also based on the following:

PO.3.7.1 relevant findings from the organization's quality assessment and improvement activities; and

PO.3.7.2 the practitioner's adherence to policies and procedures established by the governing body and the professional staff.